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CONFIRMATION NO. 9148

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|--|---|------------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>10/532,838   | <b>FILING OR 371(c) DATE</b><br>04/19/2005<br><b>RULE</b>   | <b>CLASS</b><br>439                | <b>GROUP ART UNIT</b><br>2839   | <b>ATTORNEY DOCKET NO.</b><br>003D.0043.U1(US) |
| <b>APPLICANTS</b><br>Thomas Bernhard Pabst, Nurnberg, GERMANY;<br>Hans-Otto Geltsch, Berg-Sindlbach, GERMANY;  |   |                                    |   |  |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/EP03/12004 10/29/2003 <i>P.D</i>   |   |                                    |   |  |
| <b>** FOREIGN APPLICATIONS *****</b><br>GERMANY 102 50 933.6 10/31/2002<br><i>P.D</i>  |   |                                    |   |  |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 01/27/2006</b>   |   |                                    |   |  |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Verified and Acknowledged <i>phmy</i> <i>P.D</i><br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>GERMANY | <b>SHEETS DRAWING</b><br>2  | <b>TOTAL CLAIMS</b><br>7                       |
| <b>INDEPENDENT CLAIMS</b><br>1   |   |                                    |   |  |
| <b>ADDRESS</b><br>29683  |   |                                    |   |  |
| <b>TITLE</b><br>Connector arrangement between a flexible ribbon cable and a component  |   |                                    |   |  |
| <b>FILING FEE RECEIVED</b><br>950  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                    | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |